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DR. WATSON ON THE TREATMENT OF PLEURISY.

[Continued from page 25.]

CONNECTED with the operation of paracentesis thoracis itself, there are some questions concerning which medical opinions and medical practice are not yet settled. I do not pretend to decide these questions: yet I cannot pass them by. I must point them out to you; and I shall, at the same time, state what my own observation has suggested in regard to them.

1. Should all the liquid be let out at once?

Some say yes: some say no. If we appeal to experience on this point, we obtain no satisfactory answer. I have known patients get rapidly and perfectly well, after as complete an evacuation of the liquid as was possible. On the other hand, I have heard of speedy recovery, when, by a sort of accident, very little had been withdrawn: enough to relieve the pressing distress; but much less than the operator intended.

We must try the matter, therefore, by our reason.

I think it very probable that when the serous membrane is *stretched* by the pressure of its contents, its natural absorbing power may be lessened. But we have no reason to suppose that the mere relief of this tension will *often* suffice to renew the process of absorption, and to enable the flattened lung to re-expand.

The theoretic objection to the thorough emptying of the thorax in such cases is, I conceive, that the introduction of air is likely to be hurtful, by converting the adhesive into the suppurative form of inflammation, and by promoting decomposition of the extravasated fluids. No doubt there is this risk; but, in general, it cannot be avoided. Unless the lung freely rises at once, the liquid *cannot* all, nor even much of it, come out, without air getting in. Some attempts have indeed been made, of late, to draw the water into an exhausted bag, by the help of a pipe and stop-cocks. But it is obvious that, in most cases, very little can be so abstracted. The mere admission of air to the pleura does not necessarily *create* inflammation of the membrane. This we know from what happens sometimes in emphysema produced by a fractured rib. In the only instance of *pure* pneumo-thorax which I ever saw, the sac of the pleura had become half filled with air, through a very minute opening in the pulmonary membrane, communicating with the air-passages. There was *no* inflammation of the pleura in that case. Except that it was preternaturally *dry*, it seemed perfectly healthy. Neither does the access of air

necessarily superinduce suppuration in the membrane already inflamed. Certainly, if pus follows the passage of the instrument, as much should be removed as we can get. And, for my own part, I should take away as much as would come, if the enclosed liquid proved to be serous.

2. Is the orifice to be healed up, or to be kept open?

Here, also, practical men differ. I should say, if pus comes out, by all means keep the aperture open; and inasmuch as detension of the pus would be injurious, and the depending point is difficult to hit, and the orifice is apt to clog, I would do more than leave it open: I would draw the puriform fluid off twice a day by a syphon.

If serum is let out, by all means close and heal the wound. Then, if all goes on well, our object is achieved. But should the condition of the patient fail to improve; should hectic fever, after a day or two, set in or even continue; should much constitutional distress or disturbance arise—under such circumstances I would re-open the wound. There *was* mere serum, or liquor sanguinis: there now *is*, in all probability, puriform matter pent up in the pleura: and even stinking and poisonous gases.

On six occasions I have myself witnessed the evacuation, by puncture, from the human pleura, of a clear transparent liquid. Some of the patients were under my own charge, some under the charge of others. Of these six patients one died the day after the operation; I can scarcely say why. She was an extremely timid and susceptible young woman, and I am inclined to attribute her death to the shock produced, by apprehension of the operation, upon her sensitive nervous system. Two others recovered forthwith and perfectly. The wound presently healed in the three remaining cases also; but in one of the three it soon broke out again, and a quantity of healthy pus was discharged daily. After some time the expedient of keeping the cavity free from accumulated pus by the use of a syphon was resorted to. Under this plan the discharge became gradually less and less, and at the end of many months it finally ceased. The patient has a contracted chest, but his general health is quite re-established. He was on the brink of suffocation when the operation was performed. I have been told of a man who, for the last fifteen years, has had a similar thoracic fistula, and who has nevertheless, during nearly the whole of that period, been actively engaged in the various labors of a farm servant.

I have still two of the six patients to account for. They were both much relieved by the operation for a while; but after a few days they again fell off, and after many more days of gradual sinking and distress, they died. The cavity of the pleura contained, in both cases, much puriform liquid, and a quantity of most offensive gas, consisting in great part, as I judged from its odor, of sulphuretted hydrogen. I have since thought that both these patients would have had a much better chance for life, if this mass of corruption had been daily removed.

Again, I have twice seen *pus* let out, by the *primary* puncture of the chest. One of these two patients sunk, exhausted, some months after the opening, which never healed, was made. The empyema of the other had been occasioned by fracture of a rib. The discharge continued for a short time, then ceased, the orifice closed, and the lad got well.

This constitutes the amount, or nearly so, of my personal experience of the operation of paracentesis thoracis. You will see, in the statement I have been making, the grounds of those opinions which I have formed and expressed respecting it. A full and final solution of the grave and difficult questions that it involves would require a much wider field of observation than any one individual is likely to command. Dr. Thomas Davies has published a tabular account of the several cases of operation which he had then superintended. In sixteen cases of empyema, so treated, there were twelve recoveries; that is, the operation was successful in three fourths of the whole number of cases: a very encouraging result. In three of the less fortunate ones, the lung could not expand after the evacuation of the fluid, in consequence of the thickness of the false membranes covering it.

The value of Dr. Davies's table would have been greater, if it had shown in each case the time, after the commencement of the disease, at which the operation was performed; the symptoms that called for its performance; the nature of the liquid evacuated; and whether the orifice made by the trocar was closed or not.

The quantity of liquid which the distended pleura is capable of holding is enormous. I have seen upwards of a gallon let out at once. Dr. Montgomery mentions the case of a patient of Dr. Croker's, in Dublin, from whose left pleura Mr. Crampton drew off the almost incredible quantity of fourteen imperial pints of pus. Of course this could not have accumulated there without making injurious pressure in all directions: upon the ribs, upon the heart and mediastinum, upon the diaphragm, and the abdominal viscera beneath it. It is interesting to know with what rapidity the capacity of the diseased side of the thorax will, in favorable cases, diminish. The same writer gives the history of a boy, 12 years old, in whom the circumference of the diseased side was sixteen inches and six lines, while that of the sound side was fourteen inches and one line. Nine days after the operation the circumference of the diseased side had decreased nearly three inches; it measured thirteen inches and nine lines; that is, rather less than the circumference of the healthy side. The side had shrunk somewhat within its natural size. This is common in such cases.

There is yet a third question of some importance. Whereabouts should the opening be made?

If any soft inelastic tumor has appeared, marking a tendency in the effused liquid to make its own way outwards, that tumor should be punctured without loss of time; for there will then be no chance of the reabsorption of the pus; and if the swelling be left to itself, troublesome, burrowing sinuses will be apt to form in the thoracic and abdominal parietes. As we have no choice in such a case about the place where the aperture is to be made, authors have termed the operation *the operation of necessity*; and they distinguish the case in which the surgeon is at liberty to introduce his trocar wherever he pleases; they say that then the *operation of election* takes place. Now the question is, what spot is the best for this operation of election?

If there be any part of the surface which is resonant on percussion,

or which affords any sound of respiration, that part must be avoided. It is probable that the lung, in that place, is fastened by adhesions to the costal pleura. Of course you would not thrust in a trocar where you saw or felt that the heart was beating.

The object to be kept in view is that of making the opening in the situation which will allow the freest and most perfect vent for the liquid. The intercostal space between the sixth and seventh true ribs, where the digitations of the serratus major meet those of the obliquus externus muscle, is the place usually recommended. Laennec prefers the space between the fifth and sixth ribs. He observes that, on the right side, an enlarged liver frequently reaches as high as the sixth, or even the fifth rib. When the diaphragm is pushed as high as this (and I believe that Dr. Edwin Harrison, who has paid much attention to this point, will tell you that it is often pushed up even higher) there is an obvious risk of penetrating it with the trocar. In fact, Laennec committed that error himself. After making an incision between the fifth and sixth ribs, he thrust the instrument, as he supposed, into the thorax; and was a good deal surprised to find that no gush of liquid followed its introduction. The patient died; and dissection showed that the trocar had entered the cavity of the abdomen after transfixing the diaphragm, which, having been forced upwards by a large liver, had contracted firm adhesions to the seventh rib. I have myself witnessed a similar mischance, on the other side of the chest. The integuments of the side were œdematous; and it was thought that a little serum issued upon the passage of the grooved needle. This serum must have come from the infiltrated cellular tissue. No liquid was evacuated by the trocar. The patient died a day or two afterwards of peritonitis. The instrument had perforated the diaphragm, and entered the spleen, which was unusually large.

I am tempted to relate the particulars of one of the prosperous cases that I before briefly adverted to. It occurred in a lad of 19; a patient of my colleague, Dr. Wilson. On his admission into the Hospital he bore all the marks of copious effusion into the left pleura; the side enlarged and motionless, and dull on percussion; the intercostal spaces tense and even with the ribs; the heart beating to the right of the sternum; respiration puerile on the right side, inaudible on the left; urgent dyspnœa; a tendency to coma, marked by drowsiness and blueness of the cheeks and lips. In short, the boy was on the very verge of suffocation. He had been ill about a month; and had been bled, and cupped, and brought under the specific influence of mercury. Dr. Wilson judiciously directed that the liquid should be let out.

A grooved needle was first passed between the fifth and sixth ribs; and some serum following the puncture, a trocar was then introduced by Mr. Tuson, and nine pints of a clear fluid were drawn off. During the operation the patient became faintish at times, and then the orifice of the canula was stopped for a moment by the finger. The immediate effect of the tapping was most interesting and gratifying. Even while the liquid was flowing, the heart was observed gradually to move over from beneath the right mamma towards its natural situation; and his difficulty of breathing was signally relieved. At the beginning of the operation



he respired fifty times in a minute; at its conclusion thirty-eight times only. A good deal of air entered while the liquid was escaping: and for some days after the operation a splashing sound was audible on succussion of the chest; and one part of that side was unnaturally resonant, when struck, and another part unnaturally dull; and whatever was the posture of the patient, the hollow sound was uppermost, and the dull sound was undermost; and when he sat up and spoke, or coughed, a brazen resonance was heard by the ear applied to the scapular region. This lad got quite well, without the recurrence of a single bad symptom. He afterwards presented himself at the Hospital; and I understand that the left side was found to be in a very slight degree smaller than the right.

The liquid evacuated in this case was clear and transparent. It separated on cooling, into three parts; one of quite watery consistence, one more viscid, and a third which constituted a soft, transparent, jelly-like mass of fibrin.

In this instance no injurious consequences resulted from the free admission of air.

It may sometimes be necessary to puncture the cavity for mere pneumo-thorax: when, for instance, the pulmonary pleura has been pricked by a fractured rib, and air passes from the lung into the pleural sac faster than it can be absorbed; fast enough to compress the lung, and to threaten death by apnoea. The diagnosis of such a state cannot be difficult. The existence of the fracture, the tympanitic sound given by the chest on the injured side, the absence of respiratory murmur in the tympanitic part, and the increasing dyspnoea, all point to the same conclusion. Now a trocar of the smallest size—or even an acupuncture needle—would suffice to give vent to the imprisoned air, which will escape with an audible hissing noise. In some cases it must have existed in very large quantity, for the stream of issuing air has been strong enough to blow out a candle several times in succession; the flame being each time immediately re-lighted.

The same necessity for puncturing the cavity of the pleura from without may arise in cases of pneumo-thorax depending on specific disease in the lungs; but we cannot regard the operation as *curative* in such cases. Its value is very different from that which experience has shown to belong to it in empyema from acute or chronic pleurisy. Yet if it saves life for the time, if it prevents impending suffocation, and relieves existing distress, and postpones the fatal event, it is not *without* its value; and it has many times been done, and been followed by very gratifying results; but it has never, that I know of, been followed by entire recovery. Dr. Davies had superintended the operation in nine instances of pneumo-thorax with effusion: and *all* the patients died from tubercular complications.

There are, indeed, on record examples of recovery after the operation, when pneumo-thorax had existed, and under very unpromising circumstances. I should have stated before, that as the pus, in empyema, sometimes finds its way outwardly, penetrating between the ribs, and forming an external swelling, which, if not opened by the scalpel, will at length burst; so it also, sometimes, escapes by making a road into some part

of the air-passages, and being expectorated. Now the operation of paracentesis, in such a case, *there being no tubercular disease*, has been successful. Le Dran relates an instance in which he operated for empyema; where "the injection of a small quantity of mel rosarum and barley water through the wound excited coughing, and part of it was coughed up through the mouth, mixed with pus;" thus clearly proving the existence of a fistulous passage through the lung; notwithstanding which the patient recovered completely. The effusion was probably circumscribed. But you will find other cases of a similar kind referred to by Dr. Townsend, in the Cyclopædia of Practical Medicine.—*London Medical Gazette.*

**TORTICOLLIS SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY. By JOHN B. BROWN, M.D.**

[Communicated for the Boston Medical and Surgical Journal.]

Miss H. S., ætat. 7. The right sterno-cleido-mastoideus muscle strongly contracted. The face is turned over the left shoulder, and the back of the head over the right and almost in contact with it. She has the visage of a wry-neck patient, but not so much so as in cases where the deformity is congenital. The angle of the mouth is depressed and drawn down. The left eyebrow is elevated above the right. The right side of the head is so strongly inclined to the right shoulder as to give an obliquity to all the features of the face. This deformity was the sequel of scarlatina maligna; and so far as my experience extends, non-congenital deformities and contractions of muscles are more frequently the result of this disease than any other.

She has combined with the torticollis a lateral curvature of the spine. The greatest deviation is between the shoulder-blades, the convexity being towards the right, but there is an acute angular convexity of the cervical vertebræ towards the left, produced by the strong and permanent contraction of the sterno-cleido-mastoideus muscle, which draws the back of the head over and nearly on to the right shoulder.

March 6th, 1840. After a consultation with Dr. J. C. Warren, I divided the sternal branch of the sterno-cleido-mastoideus, in presence of Drs. Thompson of Charlestown, Pratt of the House of Representatives of Mass., J. M. Warren, and E. W. Leach. Applied the paste-board stock after the manner of Dieffenbach, which was used for some weeks, but to very little effect. This day, April 18th, applied an apparatus which I contrived for the purpose. It consisted of a brass belt resting on the hips, with crutches coming up under the arms, the anterior extremity of which, on the left side, extended to about the height of the top of the head—and the posterior extremity on the right side extended to about the level of the ear. The tops of these were connected by a steel wire in the form of an arch, which went over the head for the purpose of giving them support. Each of these uprights had a spring attached at the top and running at right angles, an inch wide and six inches long; the one on the left side running posteriorly, and that on the right ante-

riorly. A cap was made for the head, of brown cambric, so as to fit, and a strap attached on the right side and brought round posteriorly and buttoned to the top spring on the left side. Another strap of the same material was attached to the cap on the left side, brought round the chin, and buttoned to the right top spring. These straps acting together, had the effect of elevating the head, and bringing its posterior part from the right shoulder, to which it inclined, towards the left, and of bringing the chin, which inclined towards the left shoulder, round to a front position. This operated very well, and much was gained towards bringing the head into a normal position; but the divided branch of the sterno-cleido-mastoideus united so quickly as not to give time to correct the acute angle which its contraction had produced in the cervical vertebræ, and the cleidal portion of this muscle also became a barrier to the restoration of the head to a natural position. It was thought best, after a consultation, to divide

FIG. 1.



FIG. 2.



being present.

The application of the apparatus above described is represented in the annexed cuts. A B, fig. 1, are the top springs, to which are attached two straps. The one running from right to left, back of the head,

is buttoned to a knob at the end of spring A, which runs backward over the left shoulder. The other, running from left to right under the chin, is buttoned to a knob at the end of spring B, which runs forward over the right shoulder. Both acting together have a tendency to bring the head into an upright and central position. C, the crutches which run from the brass belt up under the arms. D, a strap running front of the body, which connects the two ends of the brass belt, and keeps it steady upon the hips.

Fig. 2 represents a wire stock which was made use of when the apparatus above described was taken off. This may be folded in a neckerchief as a stiffener and tied in front, or the wire may be covered with velvet and a ribbon passed through the two ends, and tied back of the neck, as is here done.

It is a mistaken idea to expect to restore the head to its normal position in torticollis by simply dividing muscles; still, the division of muscles is a necessary prerequisite step. There is always in wry-neck of long standing a lateral curvature of the spine, particularly of the cervical part of it. Subsequent treatment is necessary, and the same kind of means ought to be adopted, as is made use of for correcting lateral curvature.

#### PROSPECTS OF THE BLIND AND INSANE IN KENTUCKY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—We are just having a visit from Dr. Samuel G. Howe, the eminent superintendent of your Institution for the Blind. He is on a mission of benevolence, to establish a similar institution here. With four blind pupils he visited our Legislature at Frankfort, and there exhibited these redeemed children before the powers that be. The exhibition was satisfactory; the argument was convincing; and the General Assembly, with hardly a dissenting voice, voted to establish a school for the blind in Louisville, and granted ten thousand dollars to endow it, provided that this city would first raise the means to put it into operation. This would cost only about a thousand dollars, upon the plan proposed. We wanted no more of the State government. We can do the rest ourselves, and measures are now in train to obtain the preliminary funds here. Dr. Howe has exhibited these pupils here for several successive evenings, and demonstrated here, as well as at Frankfort, the practicability of educating the blind for usefulness and enjoyment. This matter is entirely new with us, and has excited great interest and drawn multitudes to the exhibitions; and without doubt, owing entirely to the benevolent energy of Dr. H., we shall soon have a small school in successful operation. It will be but a nucleus at first, to gather more funds and pupils. But we trust it will grow, so as to gather all the blind of the State within its folds.

The Kentucky Insane Asylum has been more successful within the last year, than at any time previous. In 1841 there were received 38 old cases—10 idiots and epileptics; and 24 new cases. Besides these there were previously in the Hospital 102 old cases—35 idiots and epileptics; and 5 new cases. Of the first class 10 were cured, 5 improved,

and 16 died. Of the second class 9 died. And of the third class 17 were cured, 2 improved, and 3 died; and of all, 152 remained at the end of the year.

With the limited resources for the cure of the insane in this Institution, without any permanent resident physician in the house, this is remarkable success. Measures are now in progress to obtain a farther grant from the State, which will enable it to purchase lands, put up shops, arrange the buildings, and procure all other facilities for the labor, occupation and amusement of the patients, and engage such medical attendants and such a corps of assistants as are found in the most approved asylums in the country. The attention of the people and Legislature has been called to the great advantages and success of other institutions, and the deficiencies of this, and immediately the friends of the asylum set about the work of obtaining the necessary means for reform, and without any doubt we shall have, in the course of the year, as good a hospital for the insane in Kentucky as is found elsewhere.

Our two State medical schools flourish beyond all precedent. This in Louisville has two hundred and sixty students, and that at Lexington about the same number.

In haste, your friend,  
Louisville, Feb. 8, 1842.

E. J.

#### HOOPING COUGH AND VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

*Does the hooping cough, cured as it sometimes is by vaccination, produce an exemption from subsequent liability to the disease?*

CASES.—In July, 1836, John Birdsall, aged 3½ years, son of Rev. J. O. Birdsall, then of Monroe, Michigan, after exposure was taken with hooping cough well marked. The disease continued two weeks, when he was vaccinated. As soon as the vaccine disease began to affect the system, the cough subsided, but the vaccine disease took a regular course. In due time, George Birdsall, still younger, took the disease of John; the character of the cough was unequivocal. He was vaccinated, and as soon as the symptoms of vaccina developed themselves the cough subsided, and the vaccine disease went through a regular course. In August, 1840, Mr. Birdsall having removed to Saline, Washtenaw Co., the disease prevailing there, and having two children in the meantime added to his family, John and George and the two younger children all had unequivocal hooping cough. The infant died. No difference was discoverable in the cases. John and George went through the course of the disease without modification. Mr. B. informs me that the children have never been re-vaccinated.

T. SOUTHWORTH.

Monroe, Mich., Jan. 26, 1842.

#### DIGITALIS.

DR. CALVIN JONES, of West Tennessee, a physician of age and experience, has sent us a paper designed to recal the attention of his breth-

ren to the value of digitalis, as a remedy in pulmonary and dropsical diseases. We at first thought of publishing it entire, but have concluded, without intending the least disrespect to its worthy author, to give it in abstract.

He begins by expressing the opinion that digitalis is a "remedial agent of great power, for which a substitute could not easily be obtained," and then proceeds to inquire into the causes which, in latter times, have limited its use. They are, first, its being frequently inert, and of course doing no good; second, its having been used under inappropriate states of the system, when it has done harm. Of these Dr. Jones justly regards a high phlogistic diathesis as the most common. He cites a case of phthisis pulmonalis, in which this medicine appeared to prolong life for many years; but as it occurred before auscultation was invented, or pathological anatomy formed into a science, we have no means of knowing whether it was tubercular consumption, or only chronic bronchitis. In the latter, digitalis is certainly one of our best remedies. In the treatment of dropsies, Dr. J. has found this medicine of great value—provided venesection preceded it. The following case, on account of its remote cause, we extract in the doctor's own words:—

"I will mention but one other case, though several present themselves. Alexander Hobby, of Johnston County, N. Carolina (I then resided on the Neuse), for three or four years, in the cider and apple-brandy seasons, after considerable use and abuse of these articles had attacks of general dropsy. I uniformly bled him largely, gave him liberal quantities of nitrous salts, and when his pulse became soft and yielding, completed the cure with digitalis. I mention as evidence of the usual salutary effect of the medicine, and the power which the habit of observation gave of predicting it, that I once told him that on such a morning I should visit him, when his pulse would be reduced from its 90 to 42 strokes in a minute. When he found the prediction exactly verified (the precise number was a random guess, of course) he was alarmed with the supposition that he was surrounded with supernatural intelligences and influences; a common belief among certain people in those by-gone days (1799) when the author of evil was strongly suspected of doing great good to the sick by means of his purchased agents. A cider season at last came on, when I was necessarily absent from home (in attendance in the Legislature, of which I was a member), and poor old Hobby became its victim."

Of the preparations of digitalis Dr. J. prefers the saturated tincture of the recent herb—from twelve to sixteen drops twice a day, to be laid aside when the characteristic constitutional effects appear, and resumed when they have passed away.—*Western Jour. of Med. and Surg.*



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**BOSTON MEDICAL AND SURGICAL JOURNAL.**


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**BOSTON, MARCH 2, 1842.**


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**MEDICAL LECTURES IN VERMONT.**


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On the 10th of March, the lecture term will open at the Medical College of Vermont, in Woodstock, Windsor County, under favorable auspices. The new edifice, which we saw the last season in its unfinished condition, has since been completed, and all things are presumed to be in readiness for an elevated and highly useful course of lectures. Dr. Clark, a gentleman of growing eminence, who is represented to have an admirable tact for a public instructor, has the department of pathology and materia medica. Dr. Palmer will have the chair of anatomy and physiology. Dr. Childs is placed at the head of the faculty of medicine, to which his age and medical standing justly entitle him.

At the Castleton Medical College, the lectures will commence on the second Tuesday in March, and continue fourteen weeks. To enhance the value of the course, the Trustees have secured the services of Dr. Reese, of New York, in theory and practice; and Dr. William C. Wallace, of the same city, on the important subject of ophthalmic surgery, which no man understands better. Of the other professors it is quite unnecessary to speak, as they have been before the public for many years, and their qualifications, and claims to the confidence and steady patronage of the friends of medical science, are well understood.

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*What shall we do with the Insane?*—Dr. Jarvis, of Louisville, Ky., whose incessant pleadings, in behalf of the lunatics of the western country, have gained for him the wide-spread fame of a medical philanthropist, has written another pamphlet of forty-five pages, octavo, with the above title. He sets forth the condition of these unfortunate moral patients, tells all within the circle of his influence what has been done to ameliorate their unhappy lot in New England, and other places where the same humane policy obtains, and finally, by quotations from a vast number of sources, proves that if the citizens of that good State of Kentucky do not make ample provision for the wretched maniacs, whose voices ring upon their ears for help, they have no love for their own household, and are therefore worse than infidels. What shall we do with the insane?—says this cogent reasoner. We shall assume the necessary boldness to answer the question. Let the State at once erect the necessary edifices, and appoint a suitable person for the medical superintendent—and no one, we venture to say, has better qualifications for the office than the writer of the above-named pamphlet.

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*Scarlatina.*—A correspondent in western New York writes as follows respecting this epidemic:—

“The scarlet fever has been quite prevalent in this section this winter and last fall. In many instances three and four out of a family have died. I do not believe there is any necessity for this fatality. I have

prescribed for some forty cases; have had three deaths, and one from dropsy following. Some nine cases, besides, were looked upon as incurable, but recovered. Calomel, given as recommended by most of our authors, I believe would have been highly injurious in most of these cases. I have refused to give it at all, unless after convalescence had taken place; and then a blue pill or two, followed with salts and senna, would be preferable.

"My course is, on the commencement of the disease, to vomit, generally with ipecac., sometimes combined with antimony, followed with a gentle physic of salts and senna. This may be repeated if necessary in the course of the disease, keeping the bowels loose with frequent doses of castor oil and molasses, which is far preferable to full doses of physic, as it does not reduce the already prostrated system, but carries off most effectually the foul accumulations. After which an infusion of ipecac. in nauseating doses, alternated with Dover's powders. Drinks, saffron or any of the mild aromatic herbs in common use, with iced water when there is intense or unconquerable desire for it, with frequent sponging of the surface with warm saleratus water or weak lye that feels slippery, watching with the greatest care for the first symptoms of typhus, and counteracting them instantly with tonics. Of these, Fowler's solution is the very best, and quinine the next. Here is where death, in my humble opinion, so often occurs. If the patient live beyond the three or four first days of the attack, it is almost always from a low typhus putrid state, and from the timely counteraction of which many might be saved, as I believe, that now die. When the violence of the attack is so great that death occurs in twenty-four or forty-eight hours after, of course there is no help. In two of my fatal cases death occurred in little over twenty-four hours. As an external application to the neck, in violent cases, and to prevent suppuration, I have found, after various trials of other substances, a poultice of Indian meal, applied cold, with pulverized mustard sifted on, to be highly serviceable; to be applied as long as the patient can bear it, and then the Indian meal alone, often repeated, so as to be kept cold."

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*New Publications, Medical Movements, &c.*—Charles A. Lee, M.D., of New York, now regarded as one of the most industrious of medical writers, has a work nearly ready for the press, on the Influence of Meteorological Phenomena on Health and Disease, in which he will propound some new theories and bring forth facts which have an important bearing on etiology.—Dr. A. Boardman, another of the same school of perseverants, whose name is well known to the readers of this Journal, has a new treatise on Phrenology, in the printer's hands, which we have before referred to, and of which more will be said when it appears.—Dr. Charles Caldwell, of Louisville, Ky., we hear through a correspondent, has given the world an octavo of nearly two hundred pages, on *Mesmerism*, in which he thinks he has established the truth of the science beyond all cavil!! We intend commenting upon this matter at leisure, when the book arrives. We also learn, very directly, that Dr. Forbes, editor of the British and Foreign Medical Review, as well as his former associate, Dr. Conolly, think there is *something in it*. In what? What an age of humbug, when men of common sense and high standing condescend to become objects of general ridicule.—In the case of Dr. Houston, touching the affair of the injunction, we are told that he agreed to furnish Dr.

Mott with a written report of his own lectures, and to make no other use of them whatever. The injunction in chancery was merely to secure the performance of this contract.—Dr. Draper's lecture on *Heat*, of which a copy has been received, is excellent. Proper notice of this able production is intended. Dr. D. is spoken of to us, by a competent judge, as one of the ablest men of his age, in this country. For four years, previously to being appointed professor of chemistry in the University of New York, he was Dr. Turner's assistant in the London University. Just at this time, Dr. Draper is editing Kane's splendid work on Chemistry—to be published in a few weeks by the Harpers. It is designed to be the very best on that science extant. With the editor's copious notes and additions, it will make a volume of eight hundred pages.—Multitudes of items have crowded in upon us relating to the two medical schools of New York, the surgical cliniques, their rivalry, their hospitals, and, lastly, their quarrels, about which we don't care a straw.

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*Mattson's American Vegetable Practice.*—Within a few days a friend has presented us a large-sized octavo of 699 pages, called the "American Vegetable Practice, or a New Guide to Health, designed for the use of families, in six parts, by Morris Mattson, Physician to the Reformed Boston Dispensary, Lecturer on Physiology and the Practice of Medicine," &c. Instead of deluging the author with abuse, or calling lustily upon Jupiter the thunderer to annihilate him, because he happens to have compiled a great book that is at variance with what we consider to be orthodox in physic, we will now merely state that we admire his industry, perseverance, and apparently honest intentions, but regret exceedingly that such powers as he possesses should not have been more happily directed. We may present our readers with an analysis of Mr. Mattson's labors at some future time.

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*Deaths in Pomfret, Conn.* Population 2000.—In the year 1815, as we learn from an authentic source, the number of deaths was 33, or 1 in 60; in 1816, 29, or 1 in 68; in 1817, 20, or 1 in 100; in 1818, 28, or 1 in 71; in 1819, 23, or 1 in 86; in 1820, 27, or 1 in 74; in 1821, 25, or 1 in 80; in 1822, 32, or 1 in 62; in 1823, 24, or 1 in 83; in 1824, 30, or 1 in 66; in 1825, 40, or 1 in 50; in 1826, 34, or 1 in 58; in 1827, 16, or 1 in 125; in 1828, 31, or 1 in 64; in 1829, 21, or 1 in 95; in 1830, 23, or 1 in 86; in 1831, 25, or 1 in 80; in 1832, 37, or 1 in 54; in 1833, 28, or 1 in 71; in 1834, 26, or 1 in 76; in 1835, 20, or 1 in 100; in 1836, 21, or 1 in 95; in 1837, 39, or 1 in 53; in 1838, 24, or 1 in 83; in 1839, 27, or 1 in 74; in 1840, 18, or 1 in 111. Yearly ratio, 1 in 70. Average number, 28.1 per year. Annual per cent. 1.25.

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*Jefferson Medical College.*—A catalogue of this enterprising school, at Philadelphia, is circulating through the country, showing evidence of its great prosperity. The lectures commenced on the first Monday of November, and were to close on the last of February. There are *two hundred and nine* names on this document. Of these, ninety-eight belonged to Pennsylvania and twenty-eight to Virginia. We congratulate the friends of the Institution on its profitable success. The fact is, there is

talent there; and then there is a modicum of enterprise, and a liberal, generous expression of regard for the welfare of every individual who places himself under the educational guidance of the faculty.

*Medical Disruption.*—Intelligence from Lexington, Ky., partly through a Louisville paper, gives a sad account of things at the old Transylvania school of medicine. It seems, says one of our own papers, that Dr. Cross, one of the professors, known generally as the editor of the *Western Journal of Medicine*, had a rumpus in the street with one of the students, who caned him right soundly. A sword cane was wielded, but Dr. Cross could not use it effectually, because the by-standers interfered. Quiet was obtained at the College—but more trouble was anticipated. The story is, that the professors will all resign. Dr. Bartlett must keep his associates in ballast trim: he was a good magistrate in Massachusetts, and they would do well to put him in commission in Kentucky.

*Operations for Deformities.*—Dr. Parker, of New York, Professor of Surgery in the College of Physicians, is associated with Dr. J. H. Dorr, formerly of Boston, for the treatment of spinal curvatures, club-feet, strabismus and other deformities, on the principles adopted by the French and other Continental surgeons.

*Smallpox at the Sandwich Islands.*—After having been severely afflictive, by the late arrivals we are informed that the fury of the disease has expended itself, but not till it had mown down great numbers of the poor, alarmed, unprotected natives, besides European settlers. Vaccine virus was sent from Boston in the autumn, but it is apprehended that it did not arrive in season to circumscribe the infectious malady. However, in future, with the estimate they have been taught to place in the kinepock, it is believed that a careful attention will be paid to early infantile vaccination throughout all the islands.

*Important Discovery in relation to Zoology and Physiology.*—The large gold medal of the Society of Arts was awarded on Thursday last to Mr. Henry Goadby, for an important discovery in relation to the science of zoology and physiology. This discovery consists in a new mode of preparing anatomical and zoological preparations, and is applicable as well to the largest specimens as to microscopic objects. The fluid in which they are preserved is dense and beautifully transparent, and possesses the important advantage over spirit of wine, of not corrugating the preparation in the slightest degree, of not altering the color of the tissues, and of not becoming turbid. Instead of using the ordinary bottle, Mr. Goadby employs glass boxes of various sizes, which permit of the examination of every part of the preparation without the distortion of the object necessarily produced by a round vessel. Some of these preparations admit of being framed, and hung upon the walls of a room like pictures. The opinion of several distinguished physiologists was taken by the Society upon the merits of the discovery, who agreed unanimously in acknowledging it to be one of the most important steps made in this department for many years. We understand that the fluid employed by Mr. Goadby

is easily prepared, and possesses the additional advantage of being exceedingly cheap. It is calculated to supersede altogether the use of alcohol in the preservation of animal substances, and promises to be one of the greatest boons to physiologists and pathologists that science has yet unfolded.—*London Lancet*.

**Medical Miscellany.**—A Mr. Reilay, of West Troy, N. Y., took a solution of two table-spoonsful of oxalic acid, which an apothecary sent him for salts—and his wife would have taken a similar dose had not the effects on him been so instantaneous. He died in five or six minutes. Where did the apothecary learn his business?—The Massachusetts Charitable Eye and Ear Infirmary has petitioned the Legislature for assistance. The Institution has had \$2000 a year from the State, since 1837.—We hear of a fourth edition of Drs. Wood and Bache's Dispensary, at New York.—Dr. Nimrod Meniffee, of Lewisburg Co., Arkansas, was horribly and fatally mutilated in a savage combat with a neighbor—being stabbed and cut in no less than thirty-one places.—The number of patients admitted into the New York Eye and Ear Infirmary during the past year was 1,152; of whom 920 were cured, 60 were relieved, and 87 remain under treatment. The whole number admitted since the foundation of the Infirmary is 21,642.—A strange and fatal epidemic is spoken of as exciting much alarm at Tecumseh, Michigan.—A Temperance Society of the College of Physicians and Surgeons of New York was held on the 22d.—A catalogue of the University is out—with the names of 239 students appended.

To CORRESPONDENTS.—The communications of Drs. Lee and Abbott will receive early attention.

Number of deaths in Boston for the week ending Feb. 26, 53.—Males, 26; Females, 27. Stillborn, 1. Of consumption, 9—lung fever, 10—dropsy in the head, 2—debility, 1—intemperance, 3—inflammation of the lungs, 3—scarlet fever, 10—burn, 1—disease of the brain, 1—pleurisy, 1—dropsy on the brain, 2—dropsy, 1—chronic hepatitis, 1—infantile, 2—typhus fever, 2—tumor in the head, 1—teething, 1—fits, 1.

# MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

## LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

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January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

## JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

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M 2—1f

## MEDICAL INSTRUCTION.

The undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

A regular course of instruction will be given as follows.

On Diseases of the Chest, and Midwifery, by	DR. BOWDITCH.
Materia Medica and Chemistry, by	DR. WILEY.
Theory and Practice of Medicine, by	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	DR. PARKMAN.

Rooms for study, fuel, and light, free of expense.

For terms, apply to S. Parkman, M.D., 7 West street.

O. 13—eoptf

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H. G. WILEY,

G. C. SHATTUCK, JR.  
S. PARKMAN.

## VERMONT MEDICAL COLLEGE AT WOODSTOCK.

The next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN B. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH B. CLARKE, M.D.

Demonstrator of Anatomy, ORMOND L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. No matriculation fee is charged. Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, Secretary.

## ABDOMINAL SUPPORTERS.

DR. HAYNES'S Instrument, which is recommended by the profession generally, may now be had at the Medical Journal Office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 181 Washington street, physicians may be readily accommodated. A 15

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

## MEDICAL INSTRUCTION.

The subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

## SURGICAL INSTRUMENTS.

A COMPLETE ASSORTMENT of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street. D. 29—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.